

Sandhills LME Improved our TOPPS Compliance.....Last Quarter!

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Background: What was happening?

- Services provided at Area Program/LME prior to 2005
- Sandhills 5 Counties merged with 2 additional LME's in two years, adding 3 more counties and 4 access units.
- Mental Health Reform requiring divestiture of staff and services

Resulting Challenges for NC TOPPS Process

- Extended network of staff and locations to oversee and manage
- Complicated data management and reporting system
- Supervision of the project
- Implementation of the online system*
- Staff and consumer turn-over

How were we doing?

- Minimum performance contract standards not met for initial NC TOPPS
- Update NC TOPPS not being completed
- Expansion of TOPPS to providers slower in implementation than system change



Next Steps: What did we Try?

- Implementation of the online system*
- Redesigned Information management system
- Staff/Provider Training
- Staff Support
- Reporting to Providers

Implementation of Online System



- July of 2005
- End of paper forms in October 2005
- Increased staff interest and participation with familiarity of system
- Increased ability to track information

Information Management

- Use of Existing Sandhills MIS System for Reports Monthly on Client Movement (New Consumers)
- Creation of custom database using information from Person Centered Plan (PCP) Consumer Admission Form
- Reports or “Reminders” sent to providers beginning of the month concerning initials.

Information Management

- Reports from NC TOPPS system downloaded and distributed for past due updates done monthly
- Information shared with providers from DMH Missing TOPPS Report as needed
- Requests for Missing TOPPS sent to providers in response to the DMH Compliance Report

Provider Training

- Offered at least monthly. (Usually limited to 20-24 individuals in any one session).
- Providers with increased need, may request specific training
- Monthly training at LME Offices
- Individual training for providers may be on site
- Respond to other training needs if possible

Training Specifics

■ Agenda

- NCDMH Consumer Outcomes Requirements
- TOPPS Background and History
- Implementation Guidelines
- NC TOPPS Website
- Staff Enrollment
- Question and Answer

■ Other Training Notes

- Training is usually scheduled for 3 hours
- Codes and information provided at training for enrollment
- Staff can enroll prior to leaving the training
- No super-user requests unless attendance at a full training

Provider-Staff Support

- Email communication requested as an option during training for all staff completing TOPPS
- Communicate for most providers with CUACS concerning system issues, information changes, staff enrollment changes etc.
- Attempt to resolve online questions/answers within a short time frame
- Provide Super User support to providers who may not have a super user account

Reporting to Providers



- Semi Annual and Annual Reports from NDRI and CUACS
- Requested Custom reports from NDRI for providers as requested in August 2006
- Overall reports to providers concerning number initials and updates done at end of FY 2005-2006.
- Work in Progress!

Results

- 95.5% Compliance on Initial TOPPS on DMH FY 2005-2006 4th Qtr Performance Contract Report
- Anticipate positive results for Qtr 1 FY 2006-2007 Report
- More successful expansion of Initial TOPPS responsibility to providers from the LME
- Better information management across systems
- Update NC TOPPS still a challenge

